**DECLARATION FOR UTILITY OR DESIGN** PATENT APPLICATION (37 CFR 1.63)

Declaration

#### PAPERS 40 YOU ORIGINALLY FILED



PTO/SB/01 (10-01) Approved for use through 10/31/2002. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperw , no persons are required to

respond to a collection of information unless it contains a valid OMB control number.							
	Attorn y Dock t Numb r		P05413US4				
	First Named Inventor		MARANAS, COSTAS D., et a				
	COMPLETE IF KNOWN						
	Application Number		10 / 037,572				
	Filing Date	November 9, 2001					
	Art Unit	1645	45				
	Examiner Name						

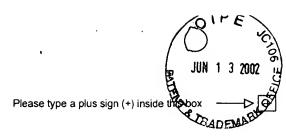
### Declaration Submitted after Initial Submitted Filing (surcharge with Initial (37 ČFR 1.16 (e)) Filing required) As the below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled: MODELING FRAMEWORK FOR PREDICTING THE NUMBER, TYPE, AND DISTRIBUTION OF CROSSOVERS IN **DIRECTED EVOLUTION EXPERIMENTS** (Title of the Invention) the specification of which is attached hereto 11/09/2001 was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY) (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant in the control of the application on which programs a flips date before that of the application on which programs are listed as the control of the application on which programs are listed as the control of the application on which programs are listed as the control of the application on which programs are listed as the control of the contro breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed. **Prior Foreign Application** Foreign Filing Date **Priority** Certified Copy Attached? Country Number(s) (MM/DD/YYYY) **Not Claimed** YES NO Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

PTO/SB/01 (10-01)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## **DECLARATION** — Utility or Design Patent Application

Direct all correspondence to: Customer Numbor Bar Code Lab	· //40/	OR Cor	тespondence address below						
Name									
Address									
City	State	ZIP							
Country	ephone		Fax						
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
NAME OF SOLE OR FIRST INVENTOR : A petition has been filed for this unsigned inventor									
Given Name (first and middle [if any]) COSTAS D. Family Name or Surname MARANAS									
Inventor's Signature			Date 5/3/02						
Residence: City Port Matilda	State PA	Country USA	Citizenship USA						
Mailing Address 108 Thorndale Road									
City Port Matilda	State PA	<b>ZIP</b> 16870	Country						
NAME OF SECOND INVENTOR:	A petition has been	filed for this unsigne	d inventor						
Given Name GREGORY (first and middle [if any])	Family or Sur								
Inventor's Signature Large L. Illing.	-		Date 5/3/0 )						
State College Residence: City	State PA	Country USA	Citizenship USA						
Mailing Address 10 Vairo Blvd., Apt. 219-D									
City State College	PA State	16803 ZIP	Country						
Additional inventors are being named on thesu	pplemental Additional Inve	entor(s) sheet(s) PTO/SB/	02A attached hereto.						



© OPY OF PAPERS ORIGINALLY FILED

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

# POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/037,572			
Filing Date	November 9, 2001			
First Named Inventor	MARANAS, COSTAS D., et			
Group Art Unit	1645			
Examiner Name				
Attorney Docket Number	P05413US0			

I hereby appoint:		· · · · · · · · · · · · · · · · · · ·							
Practitioners at OR Practitioner(s) na	Customer Number	27407	→	Place Customer Number Bar Code Label here					
	Name		Registration Number						
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.									
Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR									
Firm or									
Individual Name Address				V					
		· · · · · · · · · · · · · · · · · · ·	<del></del>						
Address City			State	Zip					
Country			State	I ZIP I					
Telephone			-ax						
I am the:  ✓ Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.									
Statement unde	r 37 CFR 3.73(b) is enclo	osed. (Form PT)	OISBI96).						
	SIGNATURE of Appl	licant or Assigne	e of Record						
Name COSTAS D. MARANAS									
Signature A									
Dat 5/3/02									
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.									
✓ *Total of forms are submitted.									